## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

| Application | on or Docket Number |
|-------------|---------------------|
| 101         | RINUTA              |

| CLAIMS AS FILED - PART I  |  |   |                                      |   |                       |                                 |            | SMALL EN   | TITY                       |                     | OTHER      | THAN                   |
|---|--|---|--------------------------------------|---|-----------------------|---------------------------------|------------|------------|----------------------------|---------------------|------------|------------------------|
| (Column 1)  |  |   |                                      |   | (                     | Column 2)                       | _          | TYPE       |                            | OR<br>-             | SMALL      | ENTITY                 |
| U.S. NATIONAL STAGE FEES  |  |   |                                      |   |                       |                                 |            | RATE       | FEE                        |                     | RATE       | FEE                    |
| BASIC FEE SMALL ENT. = \$ 150 LAF   |  |   |                                      |   |                       | GE ENT. = \$ 300                |            | BASIC FEE  | 150                        | OR                  | BASIC FEE  |                        |
| TEVALUATION EEE   |  |   |                                      |   |                       | her situations = 100 / \$ 200   |            | EXAM. FEE  | 100                        |                     | EXAM. FEE  |                        |
| SEARCH FEE  U.S. is ISA = \$ 50 /\$ 100  ALL other countries = \$ 200 /\$ 400       |  |   |                                      |   |                       | her situations = 250 / \$ 500   |            | SEARCH FEE | 250                        |                     | SEARCH FEE |                        |
| FE  | FOR EXTRA                                      | SPEC. PGS.  | us 100 =                             | 1   | / 50 =                |                                 | X \$ 125 = | 125        | -                          | X \$ 250 =          |            |                        |
| FEE FOR EXTRA SPEC. PGS. 148 minus 100 = 1/50  TOTAL CHARGEABLE CLAIMS 3 minus 20 = |  |   |                                      |   |                       |                                 |            | X \$ 25 =  |                            | OR                  | X \$ 50 =  |                        |
| INDEPENDENT CLAIMS / minus 3 = 4  |  |   |                                      |   |                       |                                 |            | X \$ 100 = |                            | OR                  | X \$ 200 = |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                                      |   |                       |                                 |            | + \$ 180 = |                            | OR                  | + \$ 360 = |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |   |                                      |   |                       | TOTAL                           |            | OR         | TOTAL                      |                     |            |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                       |  |   |                                      |   |                       | SMALL E                         | ENTITY     | OR         | OTHER THAN<br>SMALL ENTITY |                     |            |                        |
| <b>1 1 1</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                      | HIGHE<br>NUME<br>PREVIO<br>PAID F           | ST<br>IER<br>USLY     | PRESENT<br>EXTRA                |            | RATE       | ADDI-<br>TIONAL<br>FEE     |                     | RATE       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | ٠   | Minus                                | **  |                       | =                               |            | X \$ 25 =  |                            | OR                  | X \$ 50 =  |                        |
| AMEN  | Independent                                    | +   | Minus                                | ***   |                       | =                               |            | X \$ 100 = |                            | OR                  | X \$ 200 = |                        |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |   |                       |                                 |            | + \$ 180 = |                            | OR                  | + \$ 360 = |                        |
| TOTAL ADDIT.<br>FEE   |  |   |                                      |   |                       |                                 |            |            | OR                         | TOTAL ADDIT.<br>FEE |            |                        |
|   |  |   |                                      |   |                       |                                 |            |            |                            |                     |            |                        |
|   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT   |                                      | (Colum<br>HIGHE<br>NUMB<br>PREVIO<br>PAID F | ST<br>ER<br>USLY      | (Column 3)  PRESENT EXTRA       |            | RATE       | ADDI-<br>TIONAL<br>FEE     |                     | RATE       | ADDI-<br>TIONAL<br>FEE |
| OME   | Total  | •   | Minus                                | **  |                       | =                               |            | X \$ 25 =  |                            | OR                  | X \$ 50 =  |                        |
| AMENDMENT   | Independent                                    | •.  | Minus                                | ***   |                       | ±·                              |            | X \$ 100 = |                            | OR                  | X \$ 200 = |                        |
|   | FIRST PRES                                     | ENTATION OF M   | ULTIPLE DEPE                         | NDENT C                                     | LAIM                  |                                 |            | +\$ 180 =  |                            | OR                  | +\$ 360 =  |                        |
| TOTAL ADDIT. FEE  |  |   |                                      |   |                       |                                 |            |            | OR                         | TOTAL ADDIT.<br>FEE |            |                        |
| 4<br>44<br>444  | If the "Highest Nu<br>If the "Highest Nu       | rmn 1 is less than the<br>imber Previously Pai<br>imber Previously Paid<br>nber Previously Paid | d For IN THIS SP<br>d For IN THIS SP | ACE is less<br>ACE is less                  | than '20<br>than '3', | )", enter "20".<br>, enter "3". | d in th    |            | in column 1.               |                     |            |                        |